



**APPLICATION FOR  
EMPLOYMENT**  
We are an equal opportunity

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP
PHONE #	DATE OF BIRTH	
PERSON TO CONTACT IN CASE OF EMERGENCY		

Are you ☐ 16-17 ☐ 18 or older

PLEASE CHECK "YES" OR "NO"

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever been employed by Gulf World Marine Park before? ☐ Yes ☐ No

Do you have the legal right to work in the United States? *(Proof of citizenship/ immigration status is required)* ☐ Yes ☐ No

Are you presently employed? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If YES, please describe \_\_\_\_\_

### AVAILABILITY

POSITION APPLIED FOR					DATE AVAILABLE TO WORK			
DAYS & HOURS AVAILABLE TO WORK	DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	FROM							
	TO							
	COMMENTS							

### EDUCATION

NAME OF SCHOOL	DATES ATTENDED (FROM – TO)	GRADUATED YES	NO	MAJOR COURSES OF STUDY
HIGH SCHOOL				
COLLEGE				
OTHER				
CURRENTLY ENROLLED IN HIGH SCHOOL OR COLLEGE?				

## **EMPLOYMENT EXPERIENCE**

EMPLOYER (CURRENT OR MOST RECENT)	DATES EMPLOYED		JOB DESCRIPTION
NAME			
ADDRESS			
HOURLY RATE OF PAY			
TELEPHONE NUMBER			
JOB TITLE/POSITION			
REASON FOR LEAVING			

EMPLOYER (CURRENT OR MOST RECENT)	DATES EMPLOYED		JOB DESCRIPTION
NAME			
ADDRESS			
HOURLY RATE OF PAY			
TELEPHONE NUMBER			
JOB TITLE/POSITION			
REASON FOR LEAVING			

EMPLOYER (CURRENT OR MOST RECENT)	DATES EMPLOYED		JOB DESCRIPTION
NAME			
ADDRESS			
HOURLY RATE OF PAY			
TELEPHONE NUMBER			
JOB TITLE/POSITION			
REASON FOR LEAVING			

Please list any professional, trade, business or civic activities and offices held. Describe any specialized training, apprenticeship, skills and extra curricular activities:

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What are your five-year goals? \_\_\_\_\_

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I certify that the information given herein is true and complete to the best of my knowledge. I give my consent for drug testing if the position I am applying for is deemed required by the management of Gulf World Marine Park. I also give my consent for drug testing in the event I need medical attention for an injury on the job. I authorize Gulf World Marine Park and/or its representatives to contact all former employers and to further inquire as to any information given to me on this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Gulf World is an Equal Opportunity employer and is covered by the Family and Medical Leave Act.**